

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90016 021 \*\*\*150.00

**DOCUMENT # P96000041562**

1. Entity Name  
**UNIQUE ELEMENTS INC.**

Principal Place of Business  
**11397 WEST FLAGLER ST  
 MIAMI FL 33174**

Mailing Address  
**11397 W FLAGLER ST  
 MIAMI FL 33174**

*Ⓢ please note only the locate # has changed*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**11387 W. Flagler ST**  
 Suite, Apt. #, etc.

3. Mailing Address  
**11387 W. Flagler ST**  
 Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miami, FL**

4. FEI Number **65-0664489** Applied For  Not Applicable

Zip **33174** Country  
 Zip **33174** Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BAZAN, M.Z.  
 11397 WEST FLAGLER STREET  
 MIAMI FL 33174**

7. Name and Address of New Registered Agent  
 Name **Mirella Zayas Bazan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11387 West Flagler ST**  
**Miami**  
 City **FL** Zip Code **33174**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Mirella Zayas Bazan* DATE **4/20/01**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CRUZ, AILEEN</b> <b>11397 WEST FLAGLER ST</b> <b>MIAMI FL 33174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CRUZ, AILEEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11387 West Flagler ST</b> <b>Miami, Florida 33174</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GARCIA, ALBERTO A</b> <b>11397 WEST FLAGLER ST</b> <b>MIAMI FL 33174</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GARCIA, ALBERTO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11387 West Flagler ST</b> <b>miami, Florida 33174</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)